

NORTH & EAST KING COUNTY HUMAN SERVICES FUNDERS

2007 - 2008 JOINT APPLICATION FOR SERVICE PROGRAMS

❖ DUE DATE: Wednesday, June 7, 2006

All applications are due on or before 4:30 p.m. on June 7, 2006. Please see individual city supplements for mailing and/or drop-off locations. Late applications will not be accepted.

Delivering the application to each city before the due date is strongly encouraged. However, for those needing to hand deliver applications to multiple cities on the June 7th deadline, applications for any city may be dropped off at Bellevue City Hall. *This service will only be available on the day of June 7th.*

For each city to which you are applying, deliver:

- one single-sided original, signed application with all requested attachments,
- one single-sided copy of just the application without attachments, and
- one electronic application e-mailed to the contact listed below for each city to which you apply.

Please do not staple, three-hole punch or bind the applications in any way (this does not include the attachments). Secure each application with a paper clip only.

❖ CONTACT LIST

Jurisdiction

City of Bellevue	Camron Parker, (425) 452-6165, cparker@ci.bellevue.wa.us Emily Leslie, (425) 452-6452, eleslie@ci.bellevue.wa.us
City of Bothell	Manny Ocampo, (425) 486-3256, manny.ocampo@ci.bothell.wa.us
City of Issaquah	Steve Gierke, (425) 837-3022, sdgierke@comcast.net
City of Kenmore	Carter Hawley, (425) 398-8900, chawley@ci.kenmore.wa.us
City of Kirkland	Sharon Anderson, (425) 857-3322, sanderson@ci.kirkland.wa.us
City of Redmond	Brooke Buckingham, (425) 556-2416, bbuckingham@redmond.gov
City of Sammamish	Melonie Anderson, (425) 836-7904, manderson@ci.sammamish.wa.us Stacy Herman, (425) 836-7928, sherman@ci.sammamish.wa.us
City of Shoreline	George Smith, (206) 546-5569, gsmith@ci.shoreline.wa.us Rob Beem, (206) 546-1933, rbeem@ci.shoreline.wa.us
City of Woodinville	Deborah Knight, (425) 489-2700, deborahk@ci.woodinville.wa.us

❖ APPLICATION INSTRUCTIONS FOR 2007 - 2008 SERVICE PROGRAMS

The cities of Bellevue, Bothell, Issaquah, Kenmore, Kirkland, Redmond, Sammamish, Shoreline and Woodinville all accept the same application form. This application form has two parts: Part A can be used to describe the program for which you are requesting funds. Part B asks for overall information about your agency and can be filled out one time. Part A is program specific: fill out a new version for each program for which you are applying. Agencies applying for more than one program should prepare individual Part A sections for each program and one Part B.

Please note that should your agency be awarded funds, the grant contract scope of work will be based upon the information provided in this application. In other words, be realistic in what level of service you can provide to city residents with the funds you are requesting.

PART A: PROGRAM INFORMATION

1. AGENCY NAME AND CONTACT

Self-explanatory

2. PROGRAM NAME

Name the program for which you want funding. The name of the program should be a briefly stated description of the program.

Examples

Elder Abuse Prevention Program (single service)

Western Drug and Alcohol Treatment Center (all services)

3. PROGRAM'S AGE / STATUS

Please check if the program identified in Question 2 is new or ongoing; "new" is defined as a program that is a new addition to your agency's services, or a new agency. "Ongoing" is defined as any currently existing program regardless of whether it has received funding from this source in the past.

4. BRIEF DESCRIPTION OF THE PROGRAM

In two to three sentences, summarize the primary activity(ies) for which funding is requested. The Cities recognize that agencies have a variety of funding needs. Some agencies may want funding for one specific service. Others may want the Cities to contribute to the agency's overall budget. **As you complete the rest of the application, please keep in mind what you have defined as the "program" for which you want funding.** For the purpose of this application, "program" can be used to describe one service of an agency or the entire agency (all services of an agency).

5. PROGRAM LOCATION

Enter the program's location(s) (full street address and city) **only** if it is different from the agency address given in Part B Question 1.

6. PROGRAM COSTS AND FUNDS REQUESTED

Start in the table on the left by listing the program's total actual cost in 2005, its projected total costs this year (2006), and its proposed total costs in 2007 and 2008. These figures should match those you provide in the program budget section at Question 26. Then in the table on the right, list what current human services awards are being provided by the given cities (if any) in 2006 followed by the amount of funds requested from each city in 2007. Many, but not all cities, allow agencies to request a specific amount for 2008. In most cases, the 2008 request should be similar to the 2007 request. However, if you anticipate a major change in the program in 2008 that would warrant either increased

or decreased grant funding for the second year, you may request a different award level for 2008. Please use Question 7 to explain why the 2008 request differs significantly from 2007.

7. EXPLAIN DIFFERENCES IN REQUESTS

If you received grant funding from a particular city in 2006 and are requesting a significantly different amount for 2007 (e.g. more than 10%), please briefly provide the reason. You may provide city-specific information in this section. Likewise, if the 2007 request significantly differs from the 2008 request, please explain.

8. NEED FOR THE PROGRAM

Specific instructions are provided in the application form. Below are fictional examples showing the level of detail that is desired in this section.

Examples

The need for emergency shelter for families in North and East King County is escalating. The 2006 One Night Count estimates that 8,500 people in King County are homeless on any given night. The One Night Count survey of families in transitional housing indicates that the last permanent address for 4% of homeless households was in North King County and 8% for East King County. This represents a 15% increase from the prior year One Night Count. Our agency's records show families turned away each week from our facility in north Kirkland have increased since last year from 2 to 5 families. Of our current clients, 85% report that increased rents were one of the causes leading to their homelessness. The October 2005 Dupre + Scott Apartment Vacancy Report shows rents increasing in all North and East County areas. In particular, average rents are increasing at a rate higher than King County in general in Bothell and East Bellevue.

A 2005 report from Public Health Seattle & King County confirmed a serious lack of dental resources for low-income persons on the Eastside. Of the 854 low-income adults surveyed, 51% said they have problems and cannot get help; 66% have no dental insurance; 77% cannot afford to pay. The survey also found that 20% had received no dental care in 4 years. Our agency currently has a waiting list of 140 adults, and there is a 3-month delay in obtaining service. The majority of the clients on the waiting list reside in Sammamish, Redmond and Issaquah.

9. PROGRAM DESCRIPTION

Describe how your program will operate. How will the program address the need(s) you described in Question 8?

Example

(a) Program Components and Structure: The program has 4 components: (1) intake interview, (2) assistance with job search skills such as resume writing, the job interview, (3) referrals to job placement, and (4) follow-up and evaluation of job retention. Normally, a client is referred to the agency by another human service agency. A culturally and linguistically appropriate counselor interviews the client, a plan is developed and the counselor supervises the implementation of the plan. The counselor is also responsible for job development and monitoring the area economic and employment environment. To the greatest extent possible, the program targets permanent jobs that will provide a livable wage as well as health benefits.

(b) Profile of Target Population: The program specializes in assisting persons with multiple barriers to employment including lack of English language skills, cultural adaptation difficulties and/or lack of appropriate job skills. Bi-lingual counselors are available to serve a multitude of languages, including Eastern European, Hispanic and Southeast Asian populations.

(c) How and When Service Provided: The services are provided from 8:00 a.m. to 5:00 p.m. five days a week by appointment. Evening services are available twice a week on Tuesdays and Thursdays, from 5:00 p.m. - 9:00 p.m. Persons who drop in are served immediately if possible, or an appointment is made. Our policy is to see individuals within the week of contact.

10. FACTORS DEMONSTRATING SUCCESS

Discuss any factors or experience showing that your organization will be able to manage or complete this program successfully. The indicators may include having completed the same or a similar program in the past, having a good track record, successfully completing other programs, and/or having familiarity with the community. Do not include general statements regarding the agency that do not relate specifically to the program. For example, use "This program has been serving Eastside residents for the past 10 years," instead of "This agency has been providing services for 25 years."

11. KEY PROGRAM STAFF

Discuss the specific qualifications (education, certification, training, experience) of key staff responsible for this program. Include only the qualifications relevant to implementing this program. Do not include information on agency management staff if they are not directly involved in the implementation of the program. If licensing or other standards commonly apply to the service in question, describe them and your staff's compliance with these standards.

12. PROGRAM ACCESSIBILITY

Please describe your agency's capacity to serve individuals with barriers to accessing services. Use the four given categories to structure your response. Examples of the type of information to include are provided in the question. If elements of the program are not fully accessible, please indicate that in this question and use Question 15 to explain any plans to increase accessibility in that area.

13. ACCESSIBILITY IN TERMS OF CULTURAL COMPETENCE

Please describe your agency's capacity to serve individuals of differing cultural backgrounds. Ideally, cities want to support programs that are culturally sensitive, linguistically accessible, and non-discriminatory. If the program is particularly strong, or specializes in serving a limited number of cultural communities, please identify them and provide information on that community's prevalence in the overall population of North and East King County.

14. ACCESSIBILITY IN TERMS OF LANGUAGE CAPACITY

For language interpretation and translation services only, describe the program's capacity to offer these services to clients first, within the program itself, then with agency staff brought in from other programs, and third with non-agency staff brought in as volunteers or fee-for-service providers.

15. ACCESSIBILITY IMPROVEMENT PLAN

Offering a program that is fully accessible in all the ways mentioned above is difficult. Cities recognize that some level of improvement is to be expected, and in fact, may be skeptical of programs claiming that no challenges exist. So, if you have identified an area where your agency is not fully accessible in questions 12-14, indicate how this will be corrected. A complete response will include a timetable for implementing planned improvements.

16. SERVICE DELIVERY COORDINATION

This can be answered as a two-part question. The first part asks for a depiction of how this program is related to other programs or agencies providing the same type of service. If another agency provides a similar service, how is your program different in its approach to service delivery and/or the people you serve? The second part asks for information on formal partnerships between this program and other programs within or outside of the agency. Do not include programs that are linked only by simple referrals.

17. RELATIONSHIP TO SYSTEM-WIDE PLANS

This question may not apply to all applicants. If your program provides a service that is the subject of a regional system-wide strategic plan, please start with a brief description of the plan and its objective and then explain how your agency is taking part in the implementation of that plan. If you are not aware of any such plan for your service type, please state 'not applicable.'

18. PERSONS ASSISTED BY THE PROGRAM

Use the first column in this table to list the city of residence for all the clients served by this program in 2005. For programs serving individuals who are homeless, please base residency on the individual's last permanent address (the point at which homelessness occurred). To the greatest extent possible, base counts on the number of individuals served, not the number of households served. If a program primarily benefits an entire family, include each member of the family in the household. If the program primarily benefits the individual, please limit the count to that individual. For example, a program serving teenagers at a school location should count just the teenagers served, as they are the primary beneficiary. The teenager's family may receive secondary benefits, but if they are not actively participating in the service, the rest of the family should not be counted.

After providing actual 2005 data for all clients in the program regardless of the funding source, project the total number of clients that will be served in 2006 and 2007. In the final column, estimate the number of clients that will be served in 2007 with only the support of the funds requested from each city. List only the cities from whom you have made a 2007 funding request in Question 6.

19. PROJECTED LOW-MODERATE INCOME BENEFIT

Indicate the estimated percent of very low-income, low-income and moderate-income persons who will benefit from your program (refer to Income Guidelines below). For this question, use the household income of the primary beneficiary reported in Question 18.

2006 HUD INCOME GUIDELINES			
Median Family Income = \$74,300			
FAMILY SIZE	30% MEDIAN VERY LOW-INCOME	50% MEDIAN LOW-INCOME	80% MEDIAN MODERATE-INCOME
1	\$16,350	\$27,250	\$41,700
2	\$18,700	\$31,150	\$47,700
3	\$21,050	\$35,050	\$53,650
4	\$23,350	\$38,950	\$59,600
5	\$25,250	\$42,050	\$64,350
6	\$27,100	\$45,200	\$69,150
7	\$29,000	\$48,300	\$73,900
8	\$30,850	\$51,400	\$78,650

20. DOCUMENTATION

Describe how you developed the estimates used in Questions 18-19. Reviewers want to understand *how* you arrived at these percentages or numbers. Your explanation may include information gathered at client intake, demographic information, past service records and estimates of future program capacity.

21. SERVICE UNITS (OUTPUTS)

Using your Program Description at Question 9 as a guide, identify no more than five (preferably two to three) units of service provided by the program. If the program offers more than five, select a few that you would like to highlight. While the Program Description should identify all the services offered by the program, it is not necessary in this section. For your convenience, refer to the glossary of commonly used service units at the end of the instructions section. Using the glossary format, list the service unit title in section (a) and a definition of the title, including how it is measured in section (b). For example, an appropriate response in section (a) would be Employment Counseling Hours, followed by "Employment Counseling Hours are one-on-one 50-minute sessions held, on average, twice a month with the client and case manager" in section (b).

Calculating Service Unit Cost

The best way to start a service unit cost calculation is to look at the actual 2005 program budget and the actual number of service units provided that year. In simplest terms, the service unit cost should be the result of dividing the total number of service units provided in 2005 by the total amount of expenditures attributable to *that service* in 2005. Many program budgets support several different types of services. Isolating costs for one type of service can often take time. Consider this example.

Program: Emergency Shelter with Case Management Services

Service Unit 1: Shelter Bednights: Isolate (to the best of your ability) the costs associated with operating the shelter units in 2005 (lease or mortgage payments, utilities and operating costs and costs for personnel dedicated to maintaining the facility, plus indirect administrative costs of management and fundraising). Divide this total by the number of shelter bednights provided in 2005. This is the service unit costs for bednights that should be placed in the 2005 Cost per Unit column.

Service Unit 2: Case Management Hours: Going back to the 2005 program budget, isolate the costs associated with providing case management (personnel costs dedicated to case management, direct assistance payments or other materials provided to clients, indirect costs, etc.). Divide this total by the number of Case Management Hours provided in 2005. This is the service unit cost for case management. In section (c), describe the process and figures you used to determine the cost per unit for each service unit proposed.

Review your 2006 program budget (as provided in Question 26) and projected service units to see if the cost(s) will change in 2006. Then estimate the cost in 2007 considering an inflation factor and/or changes to the program that could influence the service unit cost.

How to Handle Indirect (Administrative) Costs: Refer to the Statement of Functional Expenses from the agency's last independent audit (which you must provide as an attachment to your application). Divide the sum of Management & General and Fundraising expenses by Total Expenses. Then go back to the direct costs for the proposed service unit and increase it by the same percentage.

How to Handle In-Kind Donations/Contributions: If your agency reports a value for in-kind contributions in its financial statements, and those contributions are attributable to the program, include the expense in your service unit cost calculations. Consult with your accountant or bookkeeper and use accepted accounting standards in establishing the value of in-kind goods and services. You may then use section (c) to show exactly how much of the service unit cost is attributable to in-kind contributions as opposed to agency resources.

22. SERVICE UNITS BY CITY

For each service unit proposed in Question 21, repeat the service unit title in the box on the left and give the total number of units provided to the residents of the cities from whom you are requesting funds (refer to Question 6). Start by giving the actual number of units provided in 2005, the estimated number of units to be provided in 2006 and then the projected total in 2007. In the final

column, estimate how many units of service could be provided with the funds requested from each individual city (consider using the unit cost rate(s) in Question 21 to help make the estimate). The number of units supported by city funds should never exceed, and in most cases, will be less than the total number of service units provided with all fund sources.

23. CHANGE IN SERVICE LEVELS

Use the narrative box to explain the reasons for any significant increase or decrease in service unit performance overall, or for specific cities between the three years. For example, "A staff vacancy for five months in 2005 led to a cancellation of several classes located in Sammamish. That position was filled in 2006 and the program is expected to operate at full capacity for the remainder of the year. In 2007, we plan to expand the program by offering classes in Issaquah and south Bellevue."

24. OVERVIEW OF RESULTS FOR OUTCOME MEASURES

Most cities require evidence of effectiveness (referred to as "outcomes"), for programs they support. If your program has previously received public money, you probably have had to report on outcome-based performance measures. Even if you have not previously received public local support, you presumably have reasons for confidence in your program's value. Use this question to relay the results of the program's most recently completed outcome measures.

Examples

- After three months in the program, clients scoring "stable" or better increased by at 50%.
- Of at risk students served, improvement or stabilization was seen at the following rates: 69% for attendance, 94% for conduct, 75% for grades.
- 86% of seniors served report having had transportation problems before the service, and 95% say that it made getting to medical appointments easier.

25. PROPOSED OUTCOMES TO BE MEASURED IN 2007

NOTE: *If you already have developed outcomes as part of your application to United Way of King County or another funder, please use these outcomes here.*

If you do not currently track program outcomes, you will need to identify one to three measurable program outcomes that you are prepared to track and report in 2007. If you need help in identifying acceptable outcome measures, contact the City's Grant Coordinator (see contact numbers at the beginning of this packet.)

26. PROGRAM BUDGET

List all major sources of revenue, **including this request (broken out by each City) and all other sources**, for your program. List the amount of money, by revenue source, for the current year (2006) and for 2007. Put a check in the box for each source if the money has already been secured the program, and leave the box blank if the funds have not been secured yet. If you list a value for in-kind contributions as a revenue source, remember to also list it as an expenditure. Confirm with your accountant or bookkeeper that you are using acceptable accounting procedures to calculate the value of in-kind contributions. Use Question 30 to explain what the recorded value represents (in donated goods, services or both). Feel free to delete, add or modify the given Revenue Source categories to best match your program's sources.

List all the budgeted program expenses for the current year (2006) and 2007. Use the last column to show how aggregate total requested from the Cities would be applied. Check that the 2007 Total Expenses for all City funds matches the total amount in Question 6 under Funds Requested for 2007.

All figures must total across the last row to demonstrate a total program budget. If the program operates with a surplus or deficit, please indicate below the Total Expenses.

27. REVENUE NARRATIVE

Explain any issues about the program's current and projected revenue stream. For instance, if you expect or have had cuts from the state, private donors, or depreciated investments, this is the place to describe what your agency faces. If you expect to hear shortly about major shifts in support, explain when you will know more about the impending situation.

28. EXPENSE NARRATIVE

Explain any issues about the program's current and projected expenses. For example, if program administration costs show a high percentage increase from one year to the next, explain that agency insurance costs increased 25% and will continue to increase at a similar rate for the next three years.

29. REDUCED AWARD AMOUNT

Due to limited funds available to award, it is typical for Cities to award an amount less than the requested amount provided at Question 6. If it is necessary to make a reduced award, Cities need to understand the implications of that action. Under section (a), state how the budgeted expenditures in 2007 would be affected. For example, "The 2007 proposed expenditures include one additional staff person to handle the program's expansion. Any reduction in total revenues greater than \$20,000 will not allow the program to expand and personnel expenditures would remain similar to the 2006 level." Then, under section (b) describe how these changes would affect the persons assisted or other "outputs" listed in Questions 18-22.

30. IN-KIND CONTRIBUTIONS

If the program budget given at Question 26 lists revenues and expenditures of in-kind contributions, use this question to describe what is included in the total (volunteer hours, donated material, etc.). If the program does not typically rely on in-kind donations or does not track such information, you may leave the question blank.

PART B: AGENCY INFORMATION

Note: For programs offered by large public institutions such units of local government, colleges, school districts, public hospitals, etc., you may limit this section to what you consider to be your "agency." This could be your department, rather than the entire institution.

1. AGENCY NAME AND ADDRESS, SIGNATURES

Self-explanatory. The Chief Volunteer Officer is typically the Chair of the Board of Directors. This signature is only necessary for non-profit organizations and is not needed for public agencies, such as those mentioned above. The Chief Professional Officer is typically the Executive Director of the organization.

2. AGENCY PURPOSE

Describe briefly the agency's statement of purpose or mission.

3. MAJOR SERVICES PROVIDED BY AGENCY

List all the major services your agency provides.

4. GEOGRAPHIC AREA COVERED BY AGENCY

Self-explanatory.

5. AGENCY'S BUDGET

Enter the amount of the entire agency's actual annual budget for 2005, the approved amount for 2006 and the project amount for 2007. If the agency's future budget has not yet been determined, estimate as closely as possible, based on past years and future expectations. .

6. OVERVIEW OF AGENCY'S SOURCES OF INCOME

Enter the dates of your current fiscal year. Based on revenues for the current year, calculate the percentages of your total budget accounted for by dollars coming from each source of income. If your agency includes the value of in-kind contributions and the work of volunteers in its statements of total support, you may include those percentages in the last two boxes. The format of this question matches the common application form used by Philanthropy Northwest. If you have recently filled out a grant request for a Philanthropy Northwest member foundation, you may use the same information here.

7. AGENCY ADMINISTRATION

Attach all documents requested in the application.

OMB Circular A-133 requires that agencies expending \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the standards outlined in the Circular. Check the appropriate box to indicate if your agency's audit meets the standards of OMB Circular A-133.

8. ABSENCE OF AUDIT

If applicable, state the reasons that your agency has not had an audit.

9. IMPLEMENTING ORGANIZATION

Complete this section only if the implementing organization is different from the applicant organization. Enter the name and full mailing address of the implementing organization. Provide the name and phone number of the person for the implementing organization who will be the direct contact to answer questions about the program.

10-11. INSURANCE & LOBBYING

Self-explanatory

❖SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE

INSTRUCTIONS: *These definitions and units of measure may be used as a basis to develop measurable service units. If you do not find an appropriate definition to match your service, call the staff person for a city to which you are applying to discuss other possible service units that may be acceptable.*

Adult Day Care: Provision for older adults or people with disabilities, a place for mental and physical renewal as well as socialization. Measured by days of care, or in the case of a voucher program, by program slot. (See **Child Care**)

Advocacy: Intervention/contact on behalf of a client when the individual cannot represent themselves effectively. Measured by contact. This is calculated by multiplying the number of persons involved in the contact or session by the number of contacts or sessions.

Case Management: Comprehensive treatment approach for a single individual involving personal counseling and liaison with other providers to ensure coordination and consistent care. Measured per case manager session. It is presumed that the case manager will deal with one client at a time. If there is more than one client, multiply the number of clients by the number of sessions.

Child Care (See also **Therapeutic Day Care**): Supervised care for children. Measured by child care day. A child care day is a full-time unit of program service which usually consists of care of 8 to 12 hours per day. In after school care programs from 6 a.m. to 9 a.m. and 3 p.m. to 6 p.m. each day for five days per week, can equate to full time care day.

Chore Services/In-Home Care: Essential transportation, light housekeeping or maintenance, meal preparation, yard work, respite, assisting with mobility and personal care. Measured per hour of service provided.

Clothing Bank: A source of previously used clothing for low- and moderate- income persons. Measured by visit. A visit is counted when individuals referred from social service agencies pick up the number of clothes authorized.

Counseling (Mental Health, Domestic Violence, Housing, Employment): In-person individual, family or group consultations with: (1) a professional counselor (with license or certification, where relevant), (2) a psychologist, or a psychiatrist for problem solving, (3) a housing advocate. Specify whether individual or group. Measured per counseling hour session. This is calculated by multiplying the number of persons counseled by the number of counseling hours/sessions. Estimate the length of a session if less than one hour.

Crisis Line: A centralized telephone line where staff or trained volunteers offer emotional support, crisis intervention and problem solving. Measured by crisis call.

Dental Care: Emergency and routine dental care performed by a dentist or dental assistant, including cleaning, education, extractions, fillings, root canals, dentures and follow-up. Measured by client visits.

Employment Services: Services in support of a client's obtaining employment including job counseling, help with job seeking and retention skills, job search workshops, development of employability plans, and individualized job development as needed. Measured by client/service contact. Again, if more than one person is served at the same time, multiply service contact by the number of persons served.

Financial Aid: Interim case assistance for bus fare, vouchers to prevent eviction, tuition waiver, and fees for books and supplies. Measured by individuals or households assisted.

Food: Meals, prepared food pack, nutrition services at senior centers or for the homebound, or bags of food given out at food banks. Measured by meal equivalent. The meal equivalent will be negotiated at the time of contracting.

House Rehabilitation: Physical rehabilitation of houses to prolong their life and preserve housing units for low- and moderate-income persons. Measured by number of houses or rental units rehabilitated.

Information and Referral: Telephone services to improve citizen access to social services such as child care, counseling, etc. Measured by call.

Interpretation/Translation: Written and oral interpretations services provided to limited English speaking persons or the hearing impaired. Measured by client contact.

Legal Services: In person legal help through self-help workshops (where pro se legal assistance is given), lectures with legal information, limited direct representation (where an attorney meets with an individual representing himself or herself and assists the client directly with court proceedings), or direct representation by a lawyer. Measured by client contact or session. To calculate, if there are several persons in a group session, multiply the number of clients times the number of contracts or sessions.

Medical Care: Face-to-face visit with nurse practitioner or doctor for diagnosis and treatment of acute and chronic illness and minor injuries, health screening, preventative health service, and/or linkages to free and low cost ancillary, specialty, and inpatient health service. Measured by patient visit.

Outreach: Contacts by telephone or in person to acquaint potential clients with a range of services available, or to demonstrate to possible volunteer providers (e.g. safe homes or chore services) opportunities to provide volunteer services. Measured by telephone call or client/provider contact. If outreach is offered in the form of a group meeting, multiply the meeting times the number present.

Placement: Referrals to the next step in the recovery pattern, educational ladder, or training program. Measured when the placement occurs.

Shelter: Night of shelter in: a homeless shelter, a hotel with a voucher, or a safe home. Measured by bednights. A bednight equals one night of shelter per person.

Support Group: Emotional support, efforts to build self-esteem, information about the dynamics of social interactions and/or options available to clients as needed. This does not include professional therapist's intervention. Measured by group counseling hours.

Technical Assistance: Assistance/service provided by staff to an outside agency, service or community group, where the staff has a specific level of expertise/knowledge. Measured by hours of service.

Tenant Services: Services designed to prevent eviction by teaching rights and responsibilities of landlords and tenants as well as offering a crisis line. Measured by contact or call, depending on service provided.

Therapeutic Day Care (See Child Care): Day care for children or adults, plus comprehensive assessment, social work, physical, occupational, speech therapies, special education, foster care placement and coordination or services with Child Protective Services, doctors, and/or Department of Public Health as required. Measured by therapeutic care day.

Training/Workshops/Classes: Classroom instruction to provide skills information in a variety of areas specified by the agency. Measured by number of client hours per classroom session.

Transitional Housing: Housing that has the purpose of facilitating the movement of homeless individuals or families to independent living, usually within two years or less. Measured by bednight.

Transportation: Door-to-door transit for the elderly or people with disabilities to appointments. Measured by one-way trip.

Tutoring: One-on-one teaching to overcome learning problems or illiteracy. Measured by client tutoring session.

Youth Services: A variety of services for persons under the age of 18 with the objective of resolving serious problems at home, in school or in the community, including information and referral, outreach and counseling. Measured by call (information and referral), contact/session (outreach) and hour/session (counseling).

<p>NOTE: <u>SESSION:</u> <i>A session is a face-to-face interaction for more than 20 minutes. Include the average length of time in your service unit definition.</i></p> <p> <u>CONTACT:</u> <i>A contact is a phone or face-to-face interaction for less than 20 minutes.. Include the average length of time in your service unit definition.</i></p>
--

❖ GENERAL APPLICATION TIPS

OVERALL FORMATTING

The application form is designed as a Word Table. Questions and Answers are designed to exist in their own table cell. There is always one empty cell in which to enter your text or data. The table rows have been set at specific sizes. Paragraphs that are larger than the table cell in which they are placed will be cut short. Do not adjust the table cell size to accommodate your text. Instead, edit your text to fit into the space allowed. Cities may choose to disqualify applications where the table formatting has been altered by the applicant.

HIDE NOTHING

Before starting, click on the Show/Hide Paragraph button (¶) on Word's Standard Toolbar. If you don't see this button, go to the Tools menu, select Options... On the View tab, under Nonprinting Characters, select All and then OK. Then under the Table menu, toggle the Show/Hide Gridlines selection to Show Gridlines. Turning these two features on will show you all the "behind-the-scenes" formatting that makes up the application. None of these characters or gray gridlines will print and will help you see exactly where answers should be input.

THE TAB KEY

There is one Word Table per page. While it is possible to use the Tab key to move from table cell to table cell within a page, hitting the Tab key at the last cell on the page will produce a new table cell or row. Do not add rows or cells at the end of the page. Use your mouse or Down Arrow key to move the cursor to the next page.

SPELL-CHECKING AND PROOF-READING

In previous years, this application has been Protected. The applicant was able to tab from field to field to input text or data. While it was easy to enter text and data, these fields did not easily allow for spell checking or editing. In this year's application, the application is not Protected. Applications are now able to be spell checked and revised with greater ease – however, there are some trade-offs. You should no longer Tab from response to response (see above). The best way to enter a response is to place the cursor on the spot with the mouse and then type the information. Use the mouse again to jump to the next insertion point.

YES/NO BOXES

To check a Yes/No box, use your mouse to position the cursor over the box and double-click the mouse. A dialog box will appear – choose Checked or Not Checked, depending upon what you need and select OK to return to the application form.

PRINTING

If you have a hard copy of the Instruction section of the application, delete the instructions from your electronic version so that they do not print out every time you want to print a draft or final version of the application. Another way to print just the application itself is to go to the File... menu, and select Print... In the Page Range box, select Pages: and then type "s3-s5" (without the quote marks) to print Sections 3, 4 & 5 – which is just Part A. Type "s6" (without the quote marks) to print Section 6 – which represents Part B only. To print both Part A and B, type "s3-s6" without the quote marks.

JOINT APPLICATION FOR SERVICE PROGRAMS

❖ *Limit your answers to the space provided, using a minimum font size of 11 points.*

PART A: PROGRAM INFORMATION

1. Agency Name

Contact Person (available to answer questions June – September)

Name

(Area Code) Telephone

E-mail address

(Area Code) Fax Number

2. Program Name

3. Program Is New for Our Agency ☐ An Ongoing Program ☐

4. Brief Description Of Program

5. Program Location (If Different From Agency Location)

6. Program Costs and Funds Requested

Total Program Cost		City	Awarded 2006	Requested 2007	Requested 2008
Actual 2005	\$	Bellevue	\$	\$	\$
Projected 2006	\$	Bothell	\$	\$	\$
Proposed 2007	\$	Issaquah	\$	\$	
Proposed 2008	\$	Kenmore	\$	\$	\$
		Kirkland	\$	\$	\$
		Redmond	\$	\$	\$
		Sammamish	\$	\$	\$
		Shoreline	\$	\$	\$
		Woodinville	\$	\$	
		TOTAL	\$	\$	

7. If applicable, explain significant increases or decreases in requests from specific cities.

NEED FOR THE PROGRAM

8. Describe concisely and specifically the existing community problems, conditions or needs your program will address. It is not necessary to fill all the space provided – assume you are addressing a moderately informed reader. Build a simple case for the relevance of your program. Do not explain in this section how your project will address the situation. Provide recent local data or documented facts confirming the situation. Cite all data sources with the year of publication. You may address needs in specific cities if needs vary significantly within North and East King County.

PROGRAM DESCRIPTION

9. Describe the service for which funding is requested. Format the response using the three areas below. Refer to instructions for guidance and examples for each area.

(a) Program Components and Structure:

(b) Profile of Target Population:

(c) How and When Services Provided:

10. Discuss specific factors that demonstrate your organization's ability to successfully manage the program. For ongoing programs, include the history and record of service in North and East King County. Avoid general statements about the agency that do not relate to the program.

11. Identify key program staff responsible for program design and delivery. Describe what they will do, including their credentials.

ACCESSIBILITY

12. Describe how the program is accessible in terms of:

- a) *affordability* (sliding fee scale, scholarships, toll-free phone numbers, etc.):
- b) *physical accessibility and communication capability for persons with disabilities*:
- c) *transportation* (proximity to public transportation, special transportation programs, vouchers, etc.):
- d) *immediacy of services* (waiting lists, prioritization of client need, availability in the evening, etc.):

13. Describe how the program addresses issues of cultural competence. What strategies are in place to serve clients when language, literacy or cultural barriers are present?

14. For language interpretation or translation, specifically describe resources available from:

a) *agency staff working within this program:*

b) *other agency staff outside this program:*

c) *volunteers or paid interpreters from outside the agency:*

15. Keeping programs accessible in all of the ways defined above is challenging. Describe the gaps in accessibility or cultural competence you have identified for this program and what plans are in place for improvement. Include a timetable for improvements.

SERVICE SYSTEM COORDINATION

16. Explain how this program is situated within a local or regional service delivery system. Describe partnerships in place with other service providers, *beyond basic referrals*, that assist clients in achieving long-term positive outcomes.

17. Does this program fall under a system-wide strategic plan such as the Ten-Year Plan to End Homelessness, the Early Childhood or School-Age Children Action Agendas, or another? Please identify the system plan and explain how your program is involved in implementing the goals of that plan.

PROGRAM OUTPUTS (QUANTITY OF SERVICE)

18. Persons to be Assisted:

City	Total unduplicated clients served in program by all fund sources			Clients supported by requested city funds 2007
	2005	2006	2007	
Bellevue				
Bothell				
Issaquah				
Kenmore				
Kirkland				
Redmond				
Sammamish				
Shoreline				
Woodinville				
Other <small>South King County Unincorporated Areas Seattle, etc.</small>				
Unknown				
TOTAL				

19. Projected Household Income of all 2007 Clients Reported Above:

<input type="text"/> %	Very Low Income (30% Median)	<input type="text"/> %	Low Income (50% Median)	<input type="text"/> %	Moderate Income (80% Median)
------------------------	---------------------------------	------------------------	----------------------------	------------------------	---------------------------------

20. Documentation: Please describe how the projected numbers above were derived.

a) Persons to be assisted

b) Client household income levels

21(a). Service Units & Cost: list quantifiable types of services provided to the client and give the full cost incurred by the program to deliver one unit of each type of service.

Service Units (Outputs)	2005	2006	2007
	Cost per Unit	Cost per Unit	Cost per Unit
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$

(b) Service Unit Definitions

- 1.
- 2.
- 3.
- 4.
- 5.

(c) Cost Methodology: give the specific calculation you used to determine unit cost – refer to instructions for detailed guidance.



If more space is needed, attach worksheets indicating how service unit costs were calculated

- 1.
- 2.
- 3.
- 4.
- 5.

22. Detail of Service Units by City

Service Unit #1:	City	Total units provided by program with all fund sources			Units supported by requested city funds
		2005	2006	2007	2007
<div></div>	Bellevue				
	Bothell				
	Issaquah				
	Kenmore				
	Kirkland				
	Redmond				
	Sammamish				
	Shoreline				
	Woodinville				
	TOTAL				

Service Unit #2:	City	Total units provided by program with all fund sources			Units provided with requested funds only
		2005	2006	2007	2007
<div></div>	Bellevue				
	Bothell				
	Issaquah				
	Kenmore				
	Kirkland				
	Redmond				
	Sammamish				
	Shoreline				
	Woodinville				
	TOTAL				

Service Unit #3:	City	Total units provided by program with all fund sources			Units provided with requested funds only
		2005	2006	2007	2007
<div></div>	Bellevue				
	Bothell				
	Issaquah				
	Kenmore				
	Kirkland				
	Redmond				
	Sammamish				
	Shoreline				
	Woodinville				
	TOTAL				

22. Detail of Service Units by City (continued)

Service Unit #4:	City	Total units provided by program with all fund sources			Units provided with requested funds only
		2005	2006	2007	2007
<div></div>	Bellevue				
	Bothell				
	Issaquah				
	Kenmore				
	Kirkland				
	Redmond				
	Sammamish				
	Shoreline				
	Woodinville				
	TOTAL				

Service Unit #5:	City	Total units provided by program with all fund sources			Units provided with requested funds only
		2005	2006	2007	2007
<div></div>	Bellevue				
	Bothell				
	Issaquah				
	Kenmore				
	Kirkland				
	Redmond				
	Sammamish				
	Shoreline				
	Woodinville				
	TOTAL				

23. Explain any significant increase or decrease in service units shown between 2006 and 2007.

PROGRAM OUTCOMES (EFFECTIVENESS OF SERVICE)

24. Describe how the effectiveness of the program is measured. Summarize the program's most recent outcome results.

What is the timeframe for these results?

25. List 1-3 proposed outcomes to be measured in 2007-08. Include the indicators that will be tracked to determine the success of the outcome.

BUDGET

26. Program Revenue and Expenses

Revenue Source	2006 Awarded Amount	2007 Requested Amount	Com- mitted for 2007
North & East Cities			
North & East Cities Subtotal:			←
Other Cities			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
County (list Dept. / Program)			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
State (list Dept. / Program)			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Federal (list Agency / Program)			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Foundations			<input type="checkbox"/>
United Way			<input type="checkbox"/>
Agency Resources (Fundraising)			<input type="checkbox"/>
Service Fees			<input type="checkbox"/>
In-Kind Contributions			<input type="checkbox"/>
Other:			<input type="checkbox"/>
TOTAL REVENUE			

Expenses	2006 Program Expenditures	2007 Program Expenditures	2007 Funds Requested all Cities
PERSONNEL COSTS			
Salaries			
Benefits			
OPERATING SUPPLIES			
Office Supplies			
Rent and Utilities			
Repair & Maintenance			
Insurance			
Postage & Shipping			
Printing & Advertising			
Telephone			
Equipment			
Conference/Travel/Training			
Dues & Fees			
Professional Services			
Direct Assistance to Indiv.			
Administrative / Indirect Costs			
In-Kind Contributions			
Other (specify below)			
TOTAL EXPENSES			
NET PROFIT (LOSS) (revenue - expenses) =			should equal subtotal at left

27. Describe any recent changes in program revenue and any changes anticipated in 2007.

28. Describe any recent changes in program expenses and any changes anticipated in 2007.

29. Explain the Impact of a Reduced Award Amount:

a) on the Expense Budget given at Question 26:

b) on the level of service described at Question 22:

30. If in-kind contributions are listed in the Program Budget (Question 26), describe below what type of goods and/or services are included in the value.

NORTH & EAST KING COUNTY HUMAN SERVICES FUNDERS

PART B: GENERAL AGENCY INFORMATION

1. Agency Name and Address

Authorized Signatures

I, the undersigned, have read and understand the terms and conditions presented in this grant application.

Chief Volunteer Officer

Chief Professional Officer

2. Agency Purpose or Mission Statement

3. Services Provided By Agency

4. Geographic Area Covered By Agency

5. Agency Budget

2006 Approved

\$

2007 Projected

\$

2008 Projected

\$

6. Overview Of Agency Income Sources

Fiscal Year – From:

to

Government Funding:

Federal
State
King County
Cities

Percent

%
%
%
%





Other Sources of Income:

Services Fees / Earned Income
Individual Contributions
United Way
Other Workplace Campaigns
(not United Way)
Corporate/Foundation Grants
Special Events
Memberships
In-Kind Contributions
Other

Percent

%
%
%
%
%
%
%
%
%

AGENCY ADMINISTRATION

-  Attach a list of the members of your Board of Directors. Include name, position/title, City residence, length of time on the Board and expiration of terms.
-  Attach your 2006 Year-To-Date Agency Actual Budget and your 2007 Agency Projected Budget.
-  Attach a copy of your organization's most recent independent financial audit and a copy of your management letter, if prepared.
-  For programs that are not currently funded by a city, attach proof of the agency's non-profit status.

7. Does the audit meet the standards of OMB Circular A-133? Yes ☐ No ☐

8. If your organization has not had a financial audit, please discuss the reasons why not.

9. Implementing Organization (if other than agency listed in Part A, Number 1)

_____	_____
_____	Contact Person
_____	_____
Address	(Area Code) Telephone
_____	_____
E-mail address (if available)	(Area Code) Fax Number

10. Do you carry comprehensive general liability insurance with a minimum of \$1 million per occurrence/aggregate for personal injury and property damage? Yes ☐ No ☐


11. Do you certify that no public funds will be used for lobbying? Yes ☐ No ☐

ATTACHMENT CHECKLIST






Attachments to be submitted with service applications:

Do not attach any materials other than those requested. Letters of support should not be included. Any attachment, other than those listed below, will not be used in the application review.

PART A PROGRAM INFORMATION

 (If necessary) Worksheet indicating how service unit costs were calculated

PART B AGENCY INFORMATION

-  Copy of most recent independent audit and management letter, if prepared.
-  List of current board members including name, position/title, City residence, and length of time on the board. Include the number of positions currently vacant.
-  Agency's 2006 year-to-date Financial Statements
-  Agency's 2007 Projected Budget
-  For programs that are not currently funded by a city, proof of the agency's non-profit status.